

27. Which of these categories is closest to your care receiver's total household income?
(If care receiver is married, include income of spouse/partner.)

- ☐ Under \$10,000
- ☐ \$10,000 - \$14,999
- ☐ \$15,000 - \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ More than \$75,000

28. Does your care receiver have a memory problem?

- ☐ Yes, probable Alzheimer's disease or other dementia has been medically diagnosed
- ☐ Probable Alzheimer's disease or other dementia is suspected, but is not medically diagnosed
- ☐ Memory or cognitive problems suspected
- ☐ No

(Record other diagnosis if known.)

29. How much help or supervision does the care receiver need with each of these activities?

| (Shade One.) | Needs No Help (No Supervision) | Needs Some Help (Some Supervision) | Needs A Lot of Help (Constant Supervision) | Cannot Do It At All | A | I |
|--|--------------------------------------|--|--|---------------------------|---|---|
| (a) Eating | 1 | 2 | 3 | 4 | | |
| (b) Getting in and out of bed | 1 | 2 | 3 | 4 | | |
| (c) Getting around inside | 1 | 2 | 3 | 4 | | |
| (d) Dressing | 1 | 2 | 3 | 4 | | |
| (e) Bathing | 1 | 2 | 3 | 4 | | |
| (f) Using the toilet | 1 | 2 | 3 | 4 | | |
| (g) Doing heavy housework | 1 | 2 | 3 | 4 | | |
| (h) Doing light housework | 1 | 2 | 3 | 4 | | |
| (i) Doing laundry | 1 | 2 | 3 | 4 | | |
| (j) Cooking/preparing meals | 1 | 2 | 3 | 4 | | |
| (k) Buying/getting food/clothes | 1 | 2 | 3 | 4 | | |
| (l) Getting around outside | 1 | 2 | 3 | 4 | | |
| (m) Going places outside of walking distance | 1 | 2 | 3 | 4 | | |
| (n) Managing money | 1 | 2 | 3 | 4 | | |
| (o) Taking medicine | 1 | 2 | 3 | 4 | | |
| (p) Using telephone | 1 | 2 | 3 | 4 | | |

State of Florida- STARS Program
Uniform Family Assessment Tool

NOTE: This form is intended to be filled out by the care manager or caregiver.
CARE RECEIVER refers to person needing assistance.
CAREGIVER refers to the person most responsible for providing assistance to the care receiver.

Todays Date: / /
MonthDayYear

CAREGIVER'S First NameI. CAREGIVER'S Last Name

(Name of person most responsible for providing care.)

Number & Street Address
CityStateZip Code
Phone Number

CARE RECEIVER'S First NameI. CARE RECEIVER'S Last Name

Number & Street Address
CityStateZip Code
Phone Number

For office use only - -

PART 1: INFORMATION ABOUT CAREGIVER (Person most responsible for providing care.)

1. What is your birth date?

 / /

Month

Day

Year

2. Who do you care for?

- ☐ Wife
- ☐ Husband
- ☐ Partner
- ☐ Mother
- ☐ Father
- ☐ Mother-in-law
- ☐ Father-in-law
- ☐ Grandmother
- ☐ Grandfather
- ☐ Brother
- ☐ Sister
- ☐ Other

3. What is your gender?

- ☐ Male
- ☐ Female

4. What is your marital status?

- ☐ Single
- ☐ Married/Domestic Partner
- ☐ Widowed
- ☐ Other

5. When did you first begin caring for your relative (care receiver)?

- ☐ Less than 6 months
- ☐ 6 to 12 months
- ☐ 13 to 24 months
- ☐ More than 24 months but less than 5 years
- ☐ 5 years or more

6. Where does your relative (care receiver) live?

- ☐ Lives alone in his/her own home
- ☐ Lives in household with me
- ☐ Lives with another relative
- ☐ Lives in a group environment with assistance (Not a nursing home)
- ☐ Lives in a nursing home

7. How many family members do you care for on a regular basis? (Include the care receiver in the total number)

Total number of dependent family members cared for

8. How would you rate your overall health at the present time?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

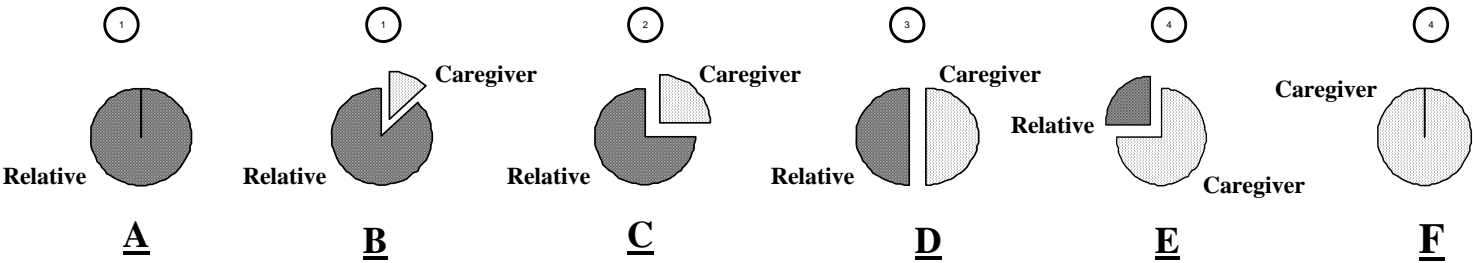
9. What is your employment status?

- ☐ Work full-time
- ☐ Work part-time
- ☐ Retired but work part-time
- ☐ Fully retired
- ☐ Homemaker
- ☐ Unemployed
- ☐ Other

10. What is the highest grade in school that you completed?

- ☐ 8th grade or less
- ☐ Attended high school, did not graduate
- ☐ High school graduate (Diploma or GED)
- ☐ Some college or Associate/technical degree
- ☐ Bachelor's degree (BS, BA, etc.)
- ☐ Graduate degree or above

20. When you think about your relationship with your SPOUSE/PARTNER/PARENT these days, which of the following diagrams best describes how you think about yourself? Fill in the circle above the diagram that best fits how you view yourself.



21. What is your race/ ethnicity? (Shade ALL that apply)

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander

22. Which of these categories is closest to the your total household income? (If you are married, include income of spouse/partner.)

- ☐ Under \$10,000
- ☐ \$10,000 - \$14,999
- ☐ \$15,000 - \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ More than \$75,000

PART 2: INFORMATION ABOUT CARE RECEIVER

23. What is the care receiver's date of birth?

 / /

Month

Day

Year

24. What is the care receiver's gender?

- ☐ Male
- ☐ Female

25. What the is care receiver's marital status?

- ☐ Single
- ☐ Married/Domestic Partner
- ☐ Widowed
- ☐ Other

26. What is the care receiver's race/ ethnicity? (Shade ALL that apply)

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native

17. How often have you felt this way during the past week?

| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | All of the time (5-7 days) | CESD |
|--|---|--|---|-------------------------------|------|
| (a) I was bothered by things that usually don't bother me. | 1 | 2 | 3 | 4 | |
| (b) I had trouble keeping my mind on what I was doing. | 1 | 2 | 3 | 4 | |
| (c) I felt depressed. | 1 | 2 | 3 | 4 | |
| (d) I felt that everything I did was an effort. | 1 | 2 | 3 | 4 | |
| (e) I felt hopeful about the future. | 4 | 3 | 2 | 1 | |
| (f) I felt fearful. | 1 | 2 | 3 | 4 | |
| (g) My sleep was restless. | 1 | 2 | 3 | 4 | |
| (h) I was happy. | 4 | 3 | 2 | 1 | |
| (i) I felt lonely. | 1 | 2 | 3 | 4 | |
| (j) I could not "get going". | 1 | 2 | 3 | 4 | |
| Total CESD | | | | | |

18. During the past 3 months, have you ever inquired about or gotten information about placing your relative in a nursing home, a home for the aged, or some type of care facility for long term placement?

☐ No ☐ Yes

19. Given your relative's (care receiver's) current condition, would you consider placing him/her in a different type of care setting, such as a nursing home or another care facility for long-term placement?

☐ Definitely not

☐ Probably not

☐ Probably would

☐ Definitely would

11. During the past week, about how many hours total did you help the care receiver with the following activites. (Round to the nearest HOUR; Enter '0' if activity was not performed.)

| | | | |
|--|-------------------------|--|-------------------------|
| a. Eating, bathing, dressing or helping with toilet functions? | <div></div> <div></div> | c. Providing transportation to appointments and/or shopping? | <div></div> <div></div> |
| b. Meal preparation, laundry or light housework? | <div></div> <div></div> | d. Legal matters, banking or money matters? | <div></div> <div></div> |

12. How many other family members or friends, not including yourself, are now providing care and routinely assisting your relative?

of caregivers
(not including yourself)

13. In the past week, how many days did you (the caregiver) personally have to deal with the following behavior of the individual whom you care for?

| | 0 (no days) | 1-2 days | 3-4 days | 5/more days | PB |
|---|-------------|----------|----------|-------------|----|
| (a) Keep you up at night | 0 | 1 | 2 | 3 | |
| (b) Repeat questions/stories | 0 | 1 | 2 | 3 | |
| (c) Try to dress the wrong way | 0 | 1 | 2 | 3 | |
| (d) Have a bowel or bladder "accident" | 0 | 1 | 2 | 3 | |
| (e) Hide belongings and forget about them | 0 | 1 | 2 | 3 | |
| (f) Cry easily | 0 | 1 | 2 | 3 | |
| (g) Act depressed or downhearted | 0 | 1 | 2 | 3 | |
| (h) Cling to or follow you around | 0 | 1 | 2 | 3 | |
| (i) Become restless or agitated | 0 | 1 | 2 | 3 | |
| (j) Become irritable or angry | 0 | 1 | 2 | 3 | |
| (k) Swear or use foul language | 0 | 1 | 2 | 3 | |
| (l) Become suspicious or believe someone is going to harm him/her | 0 | 1 | 2 | 3 | |
| (m) Threaten people | 0 | 1 | 2 | 3 | |
| (n) Show sexual behavior or interest at the wrong place/time. | 0 | 1 | 2 | 3 | |
| (o) Wander | 0 | 1 | 2 | 3 | |
| Total PB | | | | | |

14. The following are some thoughts and feelings that people sometimes experience when they take care of their spouse/partner/parent. As you read through each of the following statements indicate the extent to which you agree or disagree with each statement.

| | Strongly Disagree | Disagree | Disagree A Little | Agree | Agree A Little | Strongly Agree | D |
|---|-------------------|----------|-------------------|-------|----------------|----------------|---|
| (a) Given how things have changed, I do not know who I am anymore. | 1 | 2 | 3 | 4 | 5 | 6 | |
| (b) Because I have to attend to my spouse/partner/parent's needs, I often feel like I am somebody else. | 1 | 2 | 3 | 4 | 5 | 6 | |
| (c) It is hard for me to adjust to the way things are now. | 1 | 2 | 3 | 4 | 5 | 6 | |
| (d) When it comes to my spouse/partner/parent, I do not like the person I have become. | 1 | 2 | 3 | 4 | 5 | 6 | |
| (e) It is difficult for me to accept the responsibilities that I now have to assume. | 1 | 2 | 3 | 4 | 5 | 6 | |
| (f) Much of the time, I am uncomfortable being with my spouse/partner/parent. | 1 | 2 | 3 | 4 | 5 | 6 | |
| Total Discrepancy | | | | | | | |

15. When you think about how you relate to your *care receiver* on a day-to-day basis, would you say that you are ...
- 1 acting as a SPOUSE/PARTNER/PARENT almost all of the time
 - 2 acting most often as a SPOUSE/PARTNER/PARENT, but sometimes you are a CAREGIVER
 - 3 acting equally as a SPOUSE/PARTNER/PARENT, but sometimes as a CAREGIVER
 - 4 acting most often as a CAREGIVER, but sometimes you are still a SPOUSE/PARTNER/PARENT
 - 4 acting as a CAREGIVER almost all of the time

16. As a result of assisting the care receiver, how have the following aspects of your life changed? Has caregiving ...

| | Not at all | A little | Moderately | A lot | A great deal | O | S | R | U |
|---|------------|----------|------------|-------|--------------|---|---|---|---|
| (a) decreased time you have to yourself? | 5 | 4 | 3 | 2 | 1 | | | | |
| (b) given your life more meaning? | 1 | 2 | 3 | 4 | 5 | | | | |
| (c) increased attempts by your relative to manipulate you? | 1 | 2 | 3 | 4 | 5 | | | | |
| (d) created a feeling of hopelessness? | 1 | 2 | 3 | 4 | 5 | | | | |
| (e) kept you from recreational activities? | 5 | 4 | 3 | 2 | 1 | | | | |
| (f) made you more satisfied with your relationship? | 1 | 2 | 3 | 4 | 5 | | | | |
| (g) increased the number of unreasonable requests made by your relative? | 1 | 2 | 3 | 4 | 5 | | | | |
| (h) made you nervous? | 1 | 2 | 3 | 4 | 5 | | | | |
| (i) caused your social life to suffer? | 5 | 4 | 3 | 2 | 1 | | | | |
| (j) given you a sense of fulfillment? | 1 | 2 | 3 | 4 | 5 | | | | |
| (k) caused you to feel that your relative makes demands over and above what he/she needs? | 1 | 2 | 3 | 4 | 5 | | | | |
| (l) depressed you? | 1 | 2 | 3 | 4 | 5 | | | | |
| (m) changed your routine? | 5 | 4 | 3 | 2 | 1 | | | | |
| (n) left you feeling good? | 1 | 2 | 3 | 4 | 5 | | | | |
| (o) made you feel you were being taken advantage of by your relative? | 1 | 2 | 3 | 4 | 5 | | | | |
| (p) made you anxious? | 1 | 2 | 3 | 4 | 5 | | | | |
| (q) given you little time for friends and relatives? | 5 | 4 | 3 | 2 | 1 | | | | |
| (r) made you enjoy being with your relative more? | 1 | 2 | 3 | 4 | 5 | | | | |
| (s) caused conflicts with your relative? | 1 | 2 | 3 | 4 | 5 | | | | |
| (t) caused you to worry? | 1 | 2 | 3 | 4 | 5 | | | | |
| (u) left you with almost no time to relax? | 5 | 4 | 3 | 2 | 1 | | | | |
| (v) made you cherish your time with your relative? | 1 | 2 | 3 | 4 | 5 | | | | |
| Total Stress Measures | | | | | | O | S | R | U |